State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Tyes No

(CFA-4) **Summary Sheet**

FILE NUMBER						
TOTAL PAGES IN ENTI	RE CFA-4 REPORT					
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COMMITTEE INFORM	ATION		
1. Full name of committee (as on Statement of Organization) Check if this is a new name ECKARD for CLAY TOWNShip So	ARD	CONTRACTOR RESOLUTION OF COMMUNICATION O	on the lasts, including ALL
2. Acronym or abbreviated name, if any	3. Committee	telephone number) 844 240	6
4. Mailing address (address where all campaign finance correspondence is received) Che	ck if this is a ne	w address	TOTAL PAGES: Enter the Including very standard active
5. City, state, ZIP code CARMEL IN 46032	1 1)	tion (if applicable)	THE MANAGEMENT S.
CANDIDATE INFORMATION (For Candi	And assessed in commercial distriction in		
7. Full name of candidate (include any nickname) MARY EWING PCKARE	1 //	ion or if independent	TEM 1 Enter the full rearrant of Organization (Force UFA-
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of	residence emilitari	THER 2 Enter the oursays
TYPE OF REPORT		CONVENTION	ON CANDIDATES ONLY
11. Check one:	un anotoel	Check one:	5 and and officialized the
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and	20 must be "0")	Pre-Conventi	on
Outgoing Treasurer (within 10 days amend Statement of Organization)	William Section	Post-Conven	tion
12. Reporting period:	en was not just	COLUMN A	COLUMN B
	2002	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	Cont. medical	348,10	
14. Cash on hand and investments January 1, current year.			348.10
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contrib	outions.)		
15a. Itemized (use Schedule A)	-	980.00	980.00
15b. Unitemized	briso sell no	2380.00	73 80 .00
15c. Add lines 15a, and 15b in both columns	TOTAL	2720 10	2226 12
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES	TOTAL	2/08/1/0	7 / 28 . / 0
(Note: These amounts include in-kind expenditures and loan repayments.)	23 10 10 000		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	street in him ear	791.89	791.89
17b. Uniternized		and the state of the state of the state of	the same time and the
17c. Add lines 17a and 17b in both columns	SUBTOTAL	791.89	791.89
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1936.21	1934.21
	1115)	460.07	
19. Debts OWED BY the committee (use Schedule D)	bitteit just		的时间
20. Debts OWED TO the committee (use Schedule E)			经 的现在分词 在 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

CERTIFICATION	101
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	ann, f
Signature on File	ABB
	NUL
	RHDB
	1 V.
(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor	10

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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	FILE	FILE NUMBE	refere the schedule. For		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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474 CARdle DR CARMEL IN 466.	☐ MISC (specify)	300 .	300	m E: Kono.
2.	Contributions: Direct In-Kind (describe)	RHTQ RO N	OFFIDERALE a) believe d	0.0 RO 340 Nate in Male
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	GODER 9	NET THURSA	O'THAM BY O'THAM
3	Contributions: Direct In-Kind (describe)	nsbaoles de	eport of ea	resit on
Contributor's Occupation (if required)	Other Receipts:	records, play, as money order, it we cash is eco	CO: Enter de d the chack or mesived wh	ANDSA REL Viscen Bathme us snottedate
4. Johnharto 2 wirth to again area (mo et erast) 11. A 4tup	Contributions: Direct In-Kind (describe)	SCHEDULT M. OF ALL PAI	IS PAGE OF	STOTAL TH
of (DM THE LAST PACE DNLY) the lotal amount	Other Receipts: Interest □Loan Misc (specify)	SCHEDULE	PAGES OF edute A Algo e	ton to ben't to pages on Sci
Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (of required)	Other Receipts:			
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TOTAL OF ALL PAGES O (Enter total on ITEM 15a o	F SCHEDULE A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	3	of_	10

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. Campell Kyle Proff. TT 1985 9th ST Box 2020	Contributions: Direct In-Kind (describe)	is lo sentes	rollom brig mi	7/24/0-
1985 9th 57 Box 2020 Noblest. 1/e In 4/6061	Other Receipts: Interest □Loan □Misc (specify)	200.	200	m Eckand
MANIE SAVANSON ASSOC. INC	Contributions: Olirect In-Kind (describe)	H CH CH H LES DE JOHN B LE PERIOD	on a Green and a) the boards ac art That Gas	3/19/02
10610 N. PRAICAUL ThdiANAPOLIS IN 46280	Other Receipts: Interest □Loan Misc (specify)	150	150	m Scikard
Student B is the same as the entry to Column A. Services reducte the date the	Contributions: Direct In-Kind (describe)	phreiso, do	report of a	IN DE PUBL
meliad or degoalted in an execute. Fer cash contributions, the member, 2007 veven profiled or deposited in an execute d the contribution for the committee, (IC 3-9-1-25).	Other Receipts: Interest Loan Misc (specify)	madey order on cash is o	o the creater of the barriers of the creater of the	e coulogada ECEIVED
4. All Andread States and specific regions of standard M. A. elicibed Schooling for egypt of	Contributions: Direct In-Kind (describe)	F SCHEDUL AE DE ALL P	AIS PAGE 0	T JATOTEL
y Sheet.	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	and this figure	A Aluben	eli pages on Si
S	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □Loan □Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
Maio Magan I (1998), any anivoke arabin' ny kaona Salam a Incomp	□ In-Kind (describe)	12 19 saariisaa 10 - Ogo fetas a	rollaro bros sur Olivo associore	en list ops retn off Jaelliaans
continuous gravito amparituri per selle entrepresent el 17 en	Other Receipts: Interest □ Loan Misc (specify)	JONANOS E BIER	elne nadW	EBATRIQEN
ekineng as allegge as as "oppositional" of a constant	Contributions: Direct In-Kind (describe)	to brey se vigo	s) šejekeli as	Mas at Smite
confidences, probably bodies, including an other varieties for that already and the contributions, including to dispersion or other receipts.	Other Receipts: Interest □Loan □ Misc (specify)	OT-RASY 3	FI TRIUCHI VITAJUNUS	F HHIUJO
Column B is the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	ch selendar	a lo hogas	land salt o
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	Other Receipts: Interest Loan Misc (specify)	rugi ad wa	oglA A subse	ane to come de
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

(Enter total on ITEM 15a of the Summary Sheet)

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Page	ž	of	10		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED B
Home Pac	Contributions: Direct In-Kind (describe)	County (personal)		3/24/02
P.O. BOX 44670 Indianopolis In 46244	Other Receipts: Interest □ Loan Misc (specify)	200	500	m Ec leann
Martin Marietta Aggregates State Political Contributions Comm.	Contributions: Direct In-Kind (describe)			2/24/0
Political Contributions Comm. P.O. Gox 30013 Raleigh Nt 27622	Other Receipts: Interest □Loan Misc (specify)	250	250	m Eckano
	Contributions: Direct In-Kind (describe)	S GREET THE	MALA AMO LOUIDA MALA CLITA	A EGGP : Timosa IL SOM
in Column 5 is the same as the entry in Coli	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	o dose to s	ent sur,	of no-
written, molled as depositud in an account. For cash ossetting unittee member, NOT when mailed or deposited in an a	Contributions:	mon to south.	EL DEVICOST OS DOT STA STOLL	BISA (B.) BIRWOO BIRMOO
	Other Receipts: Interest I Loan Misc (specify)	SAM MASS AGE OF SC ARR TOTAL	IVED BY	obj eq. 1203-
Susmay Shert.	Contributions: Direct In-Kind (describe)	Mice out A e	es un fichedu	eq lo lo
	Other Receipts:			



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributior, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	Other Receipts: Interest Loan Misc (specify)			
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treat the contribution (by the committee, (IC 3-9-1-25) y one page of Schedule A. If there is only one page of this Schedule,	Other Receipts: Interest □Loan Misc (specify)	emmoo edi JOHNOO RO	BY: Enter	RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 (CFA-4 SCHEDULE B)
Itemized Expenditures

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Page _	7	of	15	1 SUE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE	NUMB	ER	
Page	8	of	10	-

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question Type of Question: Statewide Loc Position: Supported Opposed	raj subject o	PUBLIC QUESTION INFORMATION	ea mobescop or a gentecibel on	dun erit to tre iberumide d mangongsb	Entok the I not been d Check the
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

FILE	NUMBER	500

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

Page	9	of	10	- Company

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (f any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
MARY Ewing Echano 11025 Timberlane Commet In 46032 LENDERS OCCUPATION	pero entrodes : BREMOD (, a preden or orader as (, a printe of value for oral frames). A destrode	460.07 Loan.	3/17/98	0	460.07
LENDERS OCCUPATION:	Seess they have enti- ted on stoll SECORGIA. Inno sees of been stell- ted on the second	ee, list line pame o HE AND BAB BAB or endotsets, if the so set the pamer an observe but do a	Emmediantal AM S'FICTOM AM S'	estilia edi N NO 831 Madena e Mestilia	on associam on associam on associam
LENDERS OCCUPATION:	oen (principal), not the in ted as expenditures by t od as a receipt by two	uel amount of the technique en treat principal is treet	erust the ed to other finan Mount of th		CMINDAN SERVICE STREET
LENDERS OCCUPATION:	recent Properties. requires a short deams open account," or "	s, enter the amount se of the debt. This romlesory note,"	ent poschase mer the natural ("loan," "p	Servosti Prosenti Example	SENTAM SEMESTERS
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LENGERS OCCUPATION:	dutstanding balance of the connection of the connections, first this total outstanding column	ERIOD: Enter the language of the language of the language of the language of the language fragramment of the langu	Neer THIS P Instaluo ent le committee ca le amount o	BRIG BALL see to repo shed. For abt onser t	MAYETUO dhoo teum agoitra el odi hooset
LENDERS OCCUPATION:	the TOTAL OF AL	SUB TOTAL 1	THIS PAGE OF S	CHEDULE D	s460.07
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					s 460.67



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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)	
Indiana Election Commission (IC 3-9-5-1	4)
Approved by State Board of Accounts 19	99

FILE NUMBER							
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	
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